



STATE OF INDIANA

Michael R. Pence, Governor

R. Scott Waddell, Commissioner

OUT-OF-STATE TITLE TRANSFER FROM OUT-OF-STATE DEALER TO INDIANA TITLE APPLICATION CHECKLIST

Prior to submitting an application verify required information is included. For your convenience, the required forms are included with this checklist. Contact (888) 692-6841 with any questions.

- ☐ Completed and signed Application for Certificate of Title – State Form 44049
- ☐ Original Proof of Ownership: For example, Certificate of Title or Certificate of Origin
- ☐ Purchase Order, Bill of Sale, or Sales Contract
- ☐ Odometer Statement (completed on ownership document or on Odometer Disclosure Statement – State Form 43230). All motor vehicles over 16,000 lbs exempt.
- ☐ Physical Inspection of a Vehicle or Watercraft - State Form 39530.
- ☐ Proof of out-of-state sales tax paid, if applicable.
- ☐ Proof of Indiana Residency (individual title applications only). Examples include an Indiana driver's license or ID card, utility bill dated within the past sixty (60) days, USPS change of address confirmation, or W-2. Visit myBMV.com for a complete list of acceptable documents.
- ☐ \$15 title application fee and 7% sales tax (if applicable). Payable by credit card (MasterCard or Visa), check, electronic check, or money order. A \$21.00 delinquent fee will be assessed on packets received 31 days after the purchase date listed on the ownership document. Sales tax is 7% of the purchase price.

We recommend using an e-check for payment. Simply attach a voided check to your documents. We process that payment and send you receipt showing the amount deducted from your account. The e-check method of payment is fast, easy and avoids any service charges. The BMV will accept VISA, MasterCard and company checks payable to the Indiana Bureau of Motor Vehicles.

To apply for title by mail, send the completed packet to:

Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204

Or visit a BMV Certified Partner location or license branch. The list of locations is on the myBMV.com website

Note: Include this checklist on the top of your application with contact information provided below. If all required documents are not submitted or information is incomplete the entire application will be returned.

Print Name _____

Phone Number _____ Email (optional) _____

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R4 / 3-02)

Approved by State Board of Accounts 2002

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.

VEHICLE IDENTIFICATION NUMBER

11 13 17

YR. MAKE MODEL TYPE DATE

INSPECTOR'S PRINTED NAME & TITLE CITY

INSPECTOR'S SIGNATURE BADGE, BRANCH OR DEALER PLATE NO.

I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.

X

X

DATE:

The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a **delinquent fee** for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. ***In accordance with Federal Code 383.**

1.	TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY			
2.	*SOC. SEC./FEDERAL I.D.NO.	APPLICANT'S NAME					BMV USE ONLY
3.	STREET ADDRESS		CITY		STATE	ZIP CODE	
4.	VEHICLE I.D. NUMBER	VEH. YEAR	VEH. MAKE	VEH. MODEL NO.	VEH TYPE	ODOMETER	
5.	FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	DEALER NO. BMV USE ONLY
6.	FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS				STREET ADDRESS		
7.	CITY	STATE	ZIP CODE		BMV USE ONLY		
8.	SECOND LIEN'S NAME				STREET ADDRESS		
9.	CITY	STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.							
10.	SELLING PRICE \$	LESS TRADE-IN * \$	AMOUNT SUBJECT TO TAX \$	AMOUNT OF TAX \$	DEALER	BRANCH	EXEMPT IF EXEMPT PLACE PARA.#

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

BUREAU - TO BE MAILED WITH TITLE REPORT



PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
 3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
 4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
 5. Dealers may not perform watercraft inspections.

OWNER INFORMATION

Name (last, first, middle initial or company name)

Address (number and street)

City

State

ZIP Code

VEHICLE OR WATERCRAFT INFORMATION

Identification Number

☐ **NONE** (select if no identification number found)

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Year	Make	Model	Type	Plate Number / State	Watercraft Registration Number, if applicable
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For assembled vehicles or watercraft include serial numbers for major component parts if present:

Engine / Motor	Transmission
Body Chassis	Front Assembly
Rear Clip	Frame

Other (specify):

*IDACS / NCIC Check (required if form is completed by a police officer)

Date Check Performed (mm/dd/yyyy)	Comments
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I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.

Signature of Inspector	Printed Name	Title	Date (mm/dd/yyyy)
Badge / Branch / Dealer Number	Police Department / Branch / Dealership	City	ZIP Code
Telephone Number ()	Email Address		



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R / 2-97)

STATE OF INDIANA

BUREAU OF MOTOR VEHICLES

We, the undersigned, swear of affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ residing at _____

PRINTED NAME OF SELLER(S)

_____ certify to the best of my knowledge

ADDRESS OF SELLER

that the odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles (no tenths)

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is **NOT** the actual mileage.

WARNING - ODOMETER DISCREPANCY.

Vehicle make

Vehicle year

Vehicle identification number (VIN)

I will not hold the Commissioner of the Bureau of Motor Vehicles, employees of the Bureau of Motor Vehicles, License Branches or their employees in the State of Indiana responsible for any discrepancy shown on the odometer reading.

Signature of seller(s)

Date

PURCHASER'S INFORMATION

I am aware of the above odometer certification made by the seller(s).

Name of purchaser(s)

Signature of purchaser(s)

Address of purchaser

